

**STATE OF MARYLAND
DEPARTMENT OF BUDGET AND MANAGEMENT
OFFICE OF PERSONNEL SERVICES AND BENEFITS
301 West Preston Street
Baltimore, Maryland 21201**

POSITION DESCRIPTION

Review instructions prior to completion.

PART I. IDENTIFYING POSITION INFORMATION

Items 1-6 to be completed by Agency Personnel Office.

1. PIN <input checked="" type="checkbox"/>	2. Class Code/Grade <input checked="" type="checkbox"/>
3. Service <input checked="" type="checkbox"/>	4. Is this position designated as a Special Appointment? <input checked="" type="checkbox"/>
5. Overtime Status <input checked="" type="checkbox"/>	6. Agency Appropriation Code <input checked="" type="checkbox"/>

Items 7-13 to be completed by the supervisor.

7. Current Employee's Name, if applicable: ☒
8. Class Title: ☒
Working Title, if different: ☒
9. Department or Agency Name: ☒
Division, Unit or Section: ☒
10. Work Location/Address: ☒
11. Name of Immediate Supervisor: ☒
Title of Immediate Supervisor: ☒
12. Work Schedule (check all that apply):
☐ Permanent Day Shift ☐ Rotating Shift
☐ Permanent Evening Shift ☐ Full Time
☐ Permanent Night Shift ☐ Part Time
☐ Other (explain)
13. If applicable, how long has the current employee been performing the duties listed below?

X

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PART II. POSITION FUNCTIONS

Items 1-7 (If additional space is required, attach a separate sheet).

1. **MAIN PURPOSE OF THE JOB:** Briefly describe the main purpose of this position and how it relates to the mission of the agency.

X

2. **ESSENTIAL JOB FUNCTIONS AND OTHER ASSIGNED DUTIES** - List duty and responsibility statements that identify the essential job functions and other assigned duties. Essential job functions are the fundamental job duties of a position that if not performed will alter the job (identify essential job functions by highlighting, underlining, etc.).

% OF TIME AND/OR WEIGHT OF IMPORTANCE	JOB DUTY
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X

X

3. **LEVEL, FREQUENCY AND PURPOSE OF WORK CONTACTS:** List the contacts that this position has with individuals within the division, agency and department as well as other State agencies, other government agencies, private companies, clients, customers, vendors and the general public. These contacts may be in person, in writing or by telephone. Indicate how often the contact occurs. State the purpose of each contact, for example, to provide information, to explain procedures or decisions, to persuade or negotiate.

X

4. **DECISIONS AND RECOMMENDATIONS:** List the decisions and recommendations that this position makes which are necessary to carry out essential job functions. State to whom recommendations are made.

X

5. **EQUIPMENT USED:** List equipment, machinery and tools used to complete the job, e.g., personal computer, calculator, typewriter, hand tools, measuring devices and lab equipment.

X

6. **NATURE OF SUPERVISION RECEIVED:** Check the type of supervision that is given to this position. See Instructions Part II, Item 6 for definition of terms.

_____ Close Supervision

_____ Moderate Supervision

_____ General Supervision

_____ Managerial Supervision

7. **WORKING CONDITIONS** (check all that apply):

_____ Work involves exposure to uncomfortable or unpleasant surroundings (explain).

X

_____ Work involves exposure to hazardous conditions which may result in injury (explain).

X

_____ Work involves special physical demands such as lifting 50 pounds or more, climbing ladders, etc. (explain).

X

_____ Work requires the use of protective equipment such as goggles, gloves, mask, etc. (explain).

X

PART III. RESPONSIBILITY FOR THE WORK OF OTHERS
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This section should be completed if this position is responsible for the work of others, this includes full and part-time permanent employees, contractual or emergency employees, volunteers, reimbursable or loaned employees. If additional space is required, attach a separate sheet.

NATURE AND LEVEL OF RESPONSIBILITY FOR WORK OF OTHERS:

A supervisor assigns and reviews the work of others, trains employees, recommends the selection, promotion and termination of employees, approves leave and assigns time cards, signs annual performance evaluations, determines and resolves procedural problems within the unit, serves as spokesperson for subordinates, explains policies and directives from management and issues formal disciplinary reminders, warnings and reprimands.

A lead worker assigns and reviews the work of others, instructs and motivates workers, is available for immediate assistance or review and performs the work of the classification.

a.) Does this position supervise employees? Yes _____ No _____

b.) Does this position lead employees? Yes _____ No _____

If yes, to a or b, list the names and classifications of the employees that this position supervises or leads.

X

c.) Check the ways that this position supervises or leads these employees (check all that apply).

- _____ Assign and review work
- _____ Approve leave, sign time cards
- _____ Sign annual performance ratings
- _____ Interview and select new employees
- _____ Train employees
- _____ Discipline employees (counsel, recommend suspension & termination)

d.) Do any of the employees supervised have supervisory responsibility? If so, list them and the names and classifications of those they supervise or attach an approved organization chart.

X

PART IV. PERFORMANCE STANDARDS

PERFORMANCE STANDARDS - For each essential job function described in Part II, list the standard(s) necessary for satisfactory performance. If additional space is required, attach a separate sheet.

X

PART V. SIGNATURES

The following signatures indicate acknowledgment by the employee of the information on this form, when applicable, and approval by the supervisor and appointing authority.

Employee's Signature

Date

Supervisor's Signature

Date

Appointing Authority or Designee

Date

Form MS-22
Revised 10/96